

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER		10	9/14
FORMALITY REVIEW	RL	090	09-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
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Claim	Date	
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Claim	Date				
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy